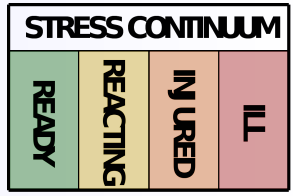
Warrior Transition

Re-Deployment Operational Stress Workshop for Marines

Revised: 29 May 2008

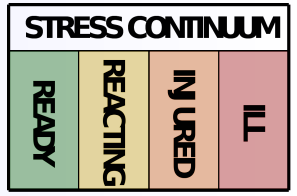
Re-Deployment Homecoming

Overview and Purpose



- ***Part I*: Look at end of deployment transition to home period**
- **Look at expected sources of home and garrison stress**
  - **Learn age specific responses of children to your homecoming transition**
- ***Part II*: Review COSC Continuum Model**
  - **Learn Green, Yellow, Orange, and Red zones in self and peers**
- **Learn stress coping skills**
- **Participate in safe discussions of deployment experiences to reach common understanding**
- **Know where to get help for orange or red zone problems**

Part I: TRANSITION!



- **Remember all the pre-deployment work-ups?**
  - **Work: Meetings, drills, checklists, immunizations**
  - **Home: Setting up finances, bills, car, child care**
  - **Emotions: Irritable, sad, excited, tense, worried**
- **During post-deployment, you will have similar work and home responsibilities as well as emotional changes**
- **POST-DEPLOYMENT TAKES TIME AND EFFORT**

READY TO FIGHT HEALTHY AT HOME
Combat Operational Stress Control

Transition to Home Considerations

STRESS CONTINUUM
READY | REACTING | INJURED | ILL

Will you:

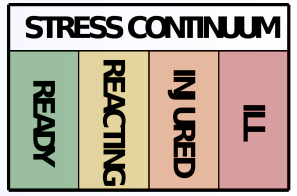
- **Be eager or leery of coming home?**
- **Have poor sleep from jet lag and excitement?**
- **Experience Homecoming Letdown?**
- **Show gratitude to those who helped while you were in Iraq?**
- **Understand your children's reactions?**
- **Be careful?**
  - **Driving**
  - **Spending**
  - **Drinking**

Transition to Home: Single Marines and Sailors

- Homecoming Reception
- Personal/emotional changes
- Planning for the future, meeting people
- Single Marine Program

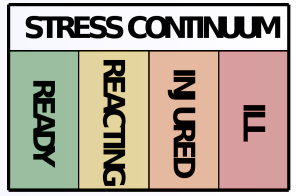
READY TO FIGHT HEALTHY AT HOME
Combat Operational Stress Control

Sources of Operational Stress



PHYSICAL	• Heat • Dehydration • Injury or illness • Cold • Sleep deprivation • Toxins
THINKING	• Being hyper-focused • Boredom • Uncertainty • Lack of information • Too much information
EMOTIONAL	• Fear of injury or death • Fear of failure • Hatred • Horror • Guilt or shame
SOCIAL	• Being away from loved ones and friends • Loss of personal space • Isolation
SPIRITUAL	• Life doesn't make sense like it used to • Challenge of faith • Moral conflict

Transition to Home: Everyone



- You *have* changed… (and so have they)
- New skills and interests
- New appearances
- New routines
- Shift in priorities / What's important in life
- Shift in perception of what the future will be like

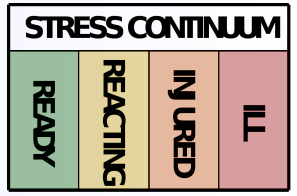
Transition to Home: Married Marines

- "How it used to be" may no longer apply
- Unfinished Business in the relationship
- "I am home, and I'm in charge"
- "Who had it worse?"
- Re-establishing intimacy with spouse (more than sex)
- Infidelity

Children

- Typical adjustment takes weeks or months
- Infants (birth to one year)
- Toddlers (1-3 years)
- Preschoolers (3-5 years)
- School Age (5-12 years)
- Adolescent (13-18 years)

Infants: Birth to 1 Year

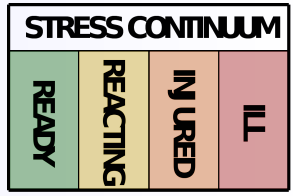


- **May cry when held, fuss, or pull away to caregiver**

- **Don’t expect infants to recognize the returning parent, but instead expect them to react as if towards a stranger**

- **Get involved in care-taking activities / play, and the baby will warm up at their own pace (probably soon)**

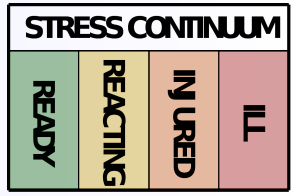
Toddlers: Ages 1-3



- **May not recognize returning Marine parent right away**
- **May be shy and hide, or clingy with primary care-giver**
- **May have temper tantrums or regress with toilet training**

- **Don’t force hugs or play; give space and time to warm up**
- **Sit or kneel at their level; gently get involved**
- **Show affection with spouse or partner, and toddlers will soon be in the middle**

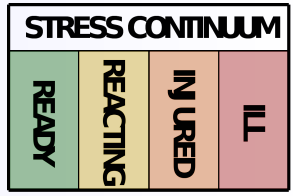
Pre-Schoolers: Ages 3-5



- **Recognize returning parent but need time to warm up**
- **Tend to believe the world revolves around them, so may feel the parent left because they no longer cared for them. May express intense anger**
- **May misbehave or become demanding to get attention**

- **Accept the child's feelings; reward positive behavior**
- **Re-establish trust; support other parent's authority**

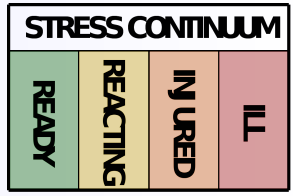
School Age: Ages 5-12



- More likely to give a warm reception, especially if good pre-deployment relationship. If strained relationship, may act shy or withdrawn upon return and fear punishment for misbehavior during the deployment
- May non-stop talk to bring parent up to date
- May be extra sensitive to criticism from returning parent

➢ Praise for achievements; time reviewing school-work and accomplishments; go to school with them if asked

Adolescents: Ages 12-18



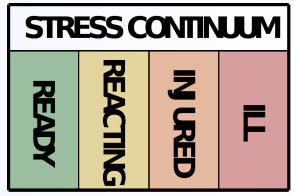
- **Excitement upon return; may be more reserved in public**
- **Can have mood swings and insecurities, will be watching you for your reaction to them and the changes in their lives (physical, social, intellectual)**
- **Concerned about rules / standards that may be changing**

- **Listen with undivided attention; be careful not to over-criticize**
- **Encourage to share the events and changes in their rapidly changing lives**

Single Parent

- **Custodial Parent**
  - **May have bonded to to their caregiver in your absence**
  - **Separation from caregiver can be traumatic**
- **Non-Custodial Parent**
  - **Not affected as much by your deployment**
  - **Re-establishing your visits**

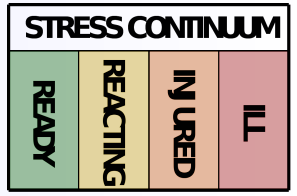
Part II: Examination of Self and Marine Friends for Stress Concerns



- Combat Operational Stress Control Continuum Model
  - Green Zone (Ready)
  - Yellow Zone (Reacting)
  - Orange Zone (Injured)
  - Red Zone (Ill)
- Stress Coping
- Leadership Responsibilities
- How Have You Changed?
- Where to get help

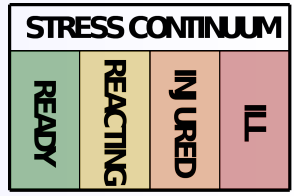
READY TO FIGHT HEALTHY AT HOME
Combat Operational Stress Control

Combat Operational Stress Continuum for Marines



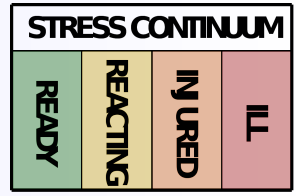
READY	REACTING	INJURED	ILL
• Good to go • Well trained • Prepared • Fit and tough • Cohesive units, ready families	• Distress or impairment • Mild, transient • Anxious or irritable • Behavior change	• More severe or persistent distress or impairment • Leaves lasting evidence (personality change)	• Stress injuries that don't heal without intervention • Diagnosable • PTSD • Depression • Anxiety • Addictive Disorder

Recognizing Stress Problems



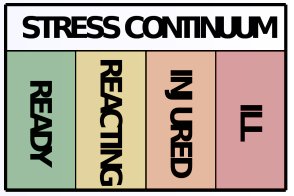
READY	REACTING
• Calm and steady • Confident and competent • Getting the job done • In control • Sense of humor • Sleeping enough • Eating the right amount • Working out, staying fit • Playing well and often • Active socially, spiritually • Able to cope overall	• Feeling anxious, worrying • Irritable or grouchy • Short tempered or mean • Cutting corners on the job • Trouble sleeping • Eating too much or too little • Apathy, loss of interest • Keeping to oneself • Negative, pessimistic • Doubts over ability to cope

Recognizing Stress Problems



INJURED	ILL
• Loss of control of body function, emotions, or thinking • Can't fall or stay asleep • Recurrent vivid nightmares • Intense guilt or shame • Attacks of panic or rage • Inability to enjoy activities • Disruption of moral values • Serious suicidal or homicidal thoughts	• Stress injury symptoms that last for more than several weeks even after stress is relieved • Symptoms that get worse over time instead of better • Symptoms that get better for awhile but then come back worse

Stress Outcome Spectrum: Reactions Versus Injuries



Stress Reactions

- Common
- Always temporary
- Mild distress or loss of function
- Self-correcting

Stress Injuries

- Less common
- May leave a scar
- More severe distress or loss of function
- May heal faster with help

Mechanisms of Stress
Injury

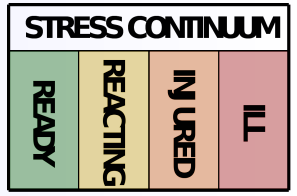
Biological
Memory problems: Damage to memory center (hippocampus)
Overreaction: Lowered threshold for fear response (amygdala)
Hypervigilance: Neurotransmitters on overdrive (norepinephrine)
Depression/anxiety: Neurotransmitters get used up (serotonin)
Personality change: Diminished control of emotion and impulses

Psychological
Trouble making sense of fragmented memories
Lost sense of safety in the world
Severe self-blame or guilt
Grief over lost friends and acquaintances
Feeling out of control

Social
No answers to the big questions anymore
- ✓ What is important anymore?
- ✓ How do I forgive myself and others?
- ✓ Who can I trust?

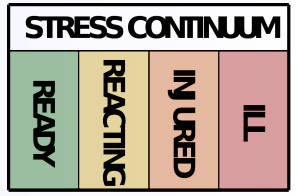
Loss of social support

Stress Management Tools



- **Combat Stress Decision Matrix**
- **Individual Stress Management Tools**
- **COSC Leadership Skills**
- **Stress Management Professional Resources**

Combat Operational Stress Continuum Decision Matrix

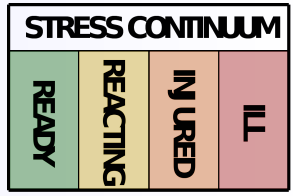


READY	REACTING	INJURED	ILL
DEFINITION • Good to Go • Well-Trained • Fit and Tough • Adaptive Coping **SIGNS** • Effective Functioning • Calm and Steady • In Control • Getting the Job Done **ACTION** • Monitor for signs of distress or stress reactions in future if concern arises	**DEFINITION** • Some impairment in job functions or relationships • Mild transient distress **SIGNS** • Some anxiety or irritability • Poor sleep; poor mental focus • Nightmares; easily startled • Loss of social interest • Some change from normal behavior **ACTION** • Ensure adequate sleep/restoration • Refer to Chaplain or Medical if there is no improvement • After Action Reviews	**DEFINITION** • More severe or persistent distress or impairment • More lasting scars on behavior or personality **SIGNS** • Lost emotional control at some point • Can't sleep • Disruptive nightmares or memories/flashbacks • Social withdrawal • Panic/rage episodes • Loss of concern for usual beliefs/values **ACTION** • Enforce rest and recuperation (24-72 hours) • Refer to Medical if no improvement	**DEFINITION** • Stress injuries that won't heal without medical intervention • Diagnosable illnesses (Such as: PTSD; depression; anxiety; substance abuse) **SIGNS** • Stress problems that last more than several weeks post-deployment • Not getting better or getting worse • Impacting work or relationships **ACTION** • Refer to Medical • Ensure treatment compliance • Reintegrate back with unit if possible

READY TO FIGHT — HEALTHY AT HOME

Combat Operational Stress Control

Marine or Sailor Under Stress



Are there signs of ***DISTRESS*** or ***LOSS OF FUNCTION?***

NO → ***Green Zone (Ready):***
- Good to Go. Continue to monitor for signs of distress or loss of function in the future if concerned

YES →

Distress or Loss of Function:
- Difficulty relaxing and sleeping
- Loss of interest in social or recreational activities
- Unusual and excessive fear, worry, or anger
- Recurrent nightmares or troubling memories
- Hyperactive startle responses to noises

Is the distress or loss of function ***SEVERE?***

NO → ***Yellow Zone (Reacting):***
- Ensure adequate sleep and rest
- Manage home-front stressors
- Discussions in small units
- Refer to chaplain or

YES →

***SEVERE* Distress or Loss of Function:**
- Difficulty performing normal duties
- Inability to fall asleep or stay asleep
- Any change from normal personality
- Withdrawal from social or recreational activities
- Uncharacteristic outbursts of rage or panic
- Nightmares or memories that increase heart rate
- Inability to control emotions
- Serious suicidal or homicidal thoughts
- Loss of usual concern for moral values

Has the distress or loss of function ***PERSISTED?***

NO → ***Orange Zone (Injured):***
- Keep safe and calm
- Rest & recuperation 24-72 hrs.
- Refer to medical or chaplain
- Mentor back to full duty and function

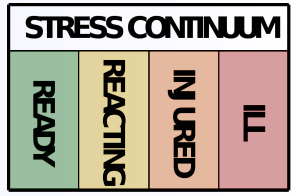
YES →

***PERSISTENT* Distress or Loss of Function:**
- Stress problems that last for more than several weeks post-deployment
- Stress problems that don't get better over time
- Stress problems that get worse

Red Zone (Ill):
- Refer to medical
- Ensure treatment compliance
- Mentor back to duty if possible
- Reintegrate with unit

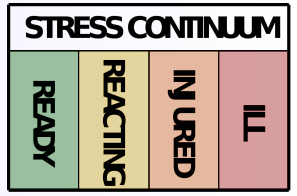
Combat Operational Stress Decision Flowchart

Individual Stress Management Skills



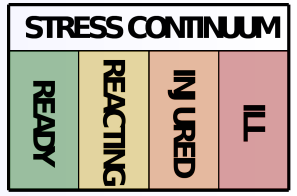
- **Physical Fitness to Maintain Stress Resilience**
- **Breathing to Focus and Calm**
  - Simplest – consciously slow down your breathing, make it deeper
  - Methodical Deep Breathing –full exhale/inhale, hold, relax, release, repeat (no more than 3)
- **Prayer or Meditation for Spiritual Resilience**
  - Meditation
    - ✓ Listening – Close eyes, breath deeply, let daily troubles fade, focus on the sounds around you
    - ✓ Centering – do above, then imagine descending down into yourself, look for peace and silence, letting negative thoughts fade away

Individual Stress Coping Skills



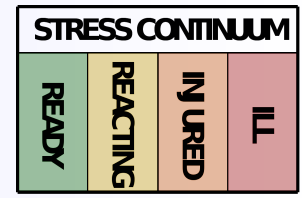
- **Journaling or Expressive Writing to Clear Your Head**
  - **Journaling**
    - ✓ Writing about your experiences is very healing, and records your personal and family history
  - **Expressive Writing**
    - ✓ Writing with the intent to come to terms with the emotions and all the parts of the memories of an event has proven to be very helpful for long-term mental health
    - ✓ Writing to Heal, by James Pennebaker

COSC Leadership Skills



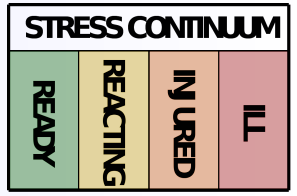
- Monitor and be a good observer of stress continuum changes in Marines
- Leadership (or friendship if peer) “by walking around”
- Encourage unit cohesion
- Short informal 1:1 conversations; availability
- COSC is preventive in nature
- Be able to identify on the COSC Continuum, and refer Marines for stress related problems
- Encourage to find the appropriate level of assistance

Stress Management Professional Resources



- **Corpsmen**
- **Chaplains**
- **Unit medical** (BAS, RAS, GAS, etc.)
- **Operational Stress Control and Readiness (OSCAR) mental health team, if your unit has one**
- **Medical Treatment Facilities (Hospitals and Clinics)**
- **MLG Surgical Company**
- **Marine and Family Services Counselors**
- **Military OneSource** (www.militaryonesource.com)
- **Vet Centers** (www.va.gov/rcs)
- **HQMC COSC** (www.manpower.usmc.mil/cosc)
- **Marine Leaders Guide** (www.usmc-mccs.org/leadersguide)

Scenario One: The Marine

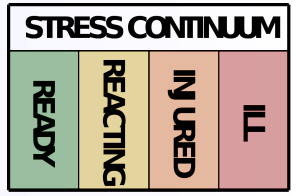


A Marine is coming home after the deployment. His wife and children are really excited to see him. His wife is very confident that the warmth of his love and reuniting with the children will sustain him and will also return their relationship to normal. His wife eagerly anticipates life and the normalcy of the relationship after he returns.

However, when he comes back, there is a distance. He is having problems sleeping, seems to be on edge a lot, and seeks to be alone much of the time at night. Plus, the intimacy just isn't there like it used to be. He is doing great at work, and is trying hard to reconnect with the family.

- **How serious is this problem?**
- **What should be done?**

Scenario One: The Marine Answer



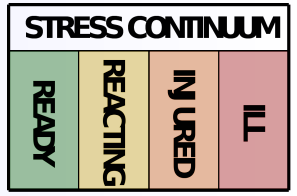
- **How serious is this problem?**

  This Marine is in the orange zone. He needs to be understood and integrated slowly back into the family.

- **What should be done?**

  He needs to see a professional counselor and get treated before these symptoms get worse.

Scenario Two: The Spouse

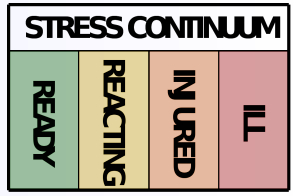


A Marine gets home, and he is fine. He has some minor adjustment problems, but is really glad to see his wife and children, doesn't really want to spend any time with his unit buddies, and is genuinely glad to be home. He reports, luckily, that he really didn't see anyone get killed or badly hurt, and is really really thankful for it.

The spouse, however, hasn't adjusted as well. Even though her Marine is home and doing well, she greatly resents having had to "give up her life" while he was gone. She is angry at the two kids (ten year old girl and five year old boy) and has gained thirty-five pounds on her pre-deployment 5'7", 125 pound frame. She also spends lots of time crying and feels generally bad almost all the time.

- **How serious is this problem?**
- **What should be done?**

Scenario Two: The Spouse Answer



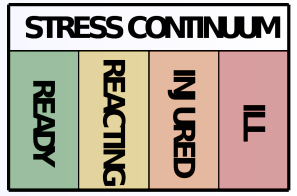
- **How serious is this problem?**

  She is in the orange zone possibly moving to the red zone. It is likely that she is suffering from depression, and her over-eating is a result of this.

- **What should be done?**

  She should see her family doctor immediately and report all symptoms. Her doctor may refer her to a psychiatrist for follow-on care and medication, or may see her for awhile and treat her, following her progress closely. She might also want to join a support group of some sort (unit, church).

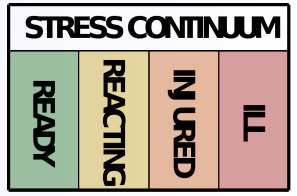
Recap: What Was Good?



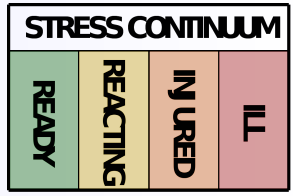
READY TO FIGHT HEALTHY AT HOME
Combat Operational Stress Control

Recap: What Was Bad?

Recap: How Have You Changed?



Techniques for a Better Transition



Questions?

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